COVER SHEET FOR AMENDMENT OF SECRETARY OF THE SENATE PUBLIC RECORDS

Date/Time Stamp 2017 OCT 26 PM 12: 36

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a posttravel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Jared 5. 3	Dones.
Employing Office/Committee:	
Employing Office/Committee:	EF
Travel Date(s): A-50	2017 rm; Amended RE-2 Form
Description/Title of Attached Forms: RE-1 F	orn; Amended RE-2 Form
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Purpose of Amendment (describe the reason for amen	ding original submission): Post - travel
Public Records in SH	rended with the office of -232.
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10/24/17	(Signature of Traveler)
(Daje)	(Signature of Traveler)

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Employed	e Post-Travel	l Disclosure of	Travel Ext	enses

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Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

Date/Time Stamp:
SECRE IARY OF THE SENATE

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In compliance with Robe reimbursed/paid for	ute 35.2(a) and (c), I rear me. I also certify the	make the following disclered:	osures with respect t	o travel expenses that have been or will
The original Empl	oyee Pre-Travel Autho	orization (Form RE-1), ertification Form with al		ary, invitee list, etc.)
Private Sponsor(s) (lis	American Israti	ael Education Found	ation	
Travel date(s):		•	. <u> </u>	
Relationship to Travel	ler: Spouse	any): Child		
INCLUDE LODGING	COSTS IN EMPLOYEE	EXPENSES. (Attach addi		USE OR DEPENDENT CHILD, ONLY ary.)
Expenses for Employ	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
Good Faith Estimate Actual Amount	\$2,336.51	\$1,619	\$1,105.14	\$2,673.50 See attached description
Expenses for Accomp	panying Spouse or D	ependent Child (if appli	<u> </u>	
•	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate ☐ Actual Amount				
_ •	_		*	Attach additional pages if actuding missile defense and terrorism.
l also visited historical	sites and met with acade	emics and cultural represen	tatives (see also attac	hed Itinerary for by-meeting descriptions).
9/7/17 (Date)	Jared J. (Printed	name of traveler)	la	(Signature of traveler)
		MEMBER/OFFICER:		
	•	es set out above in connection, lodging, and relate		escribed in the <i>Employee Pre-Travel</i> ed in Rule 35.

(Revised 1/3/11)

Form RE-2

Post-Travel Ethics Submission: Jared Jones for AIEF trip 8/12/17-8/20/17

Breakdown of "other" expenses

Security: \$915.06 per person Speaker Fees: \$609.92 per person Tour Guide: \$191.88 per person

Hotels for contract staff (tour guide, bus driver, security guards): \$185.91 per person

Meals for contract staff and speakers: \$228.50 per person

Room Rentals: \$287.45 per person

Other: \$100.20 per person

Transportation for individualized tour of Syrian/Israel border: \$49.80

Entrance Fees: \$42.63 per person Photography: \$29.55 per person

Transportation for Contract Guests and Speakers: \$27.78

Tips: 4.82 per person

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EMPLOYEE PRE-TRAVEL AUTHORIZATION

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will not be considered or approved. This form must be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Name of Traveler:	Jared Joseph Jones
Employing Office/Committee:	Office U.S. Senator Shelley Moore Capito
Private Sponsor(s) (list all): Americ	an Israel Education Foundation (AIEF)
Travel date(s): August 12-20, 201 Note: If you plan to extend the	7 se trip for any reason you <u>must</u> notify the Committee.
Destination(s): Israel	
Explain how this trip is specifically c	onnected to the traveler's official or representational duties:
U.S., including the JCPOA, the I	lore foreign policy and national security concerns facing both Israel and the Israeli-Palestinian conflict, and Hamas, as well as Iron Dome and the Syrian all under my lagislative portfolio as Senator Capito's Military Legislative
Name of accompanying family members Relationship to Employee: Spouse	· · · · · · · · · · · · · · · · · ·
I certify that the information contains	d in this form is true, complete and correct to the best of my knowledge:
7/13/17	Sand I Sone
(Date)	Signature of Employee)
TO BE COMPLETED BY SUPERVISING Secretary for the Majority, Secretary for the Majority for the Majorit	IG SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, he Minority, and Chaplain):
Shelley Moore Capit	Jared J. Jones
(Print Senator's/Officer's Nat	me) (Print Traveler's Name)
related expenses for travel to the even	ion, to accept payment or reimbursement for necessary transportation, lodging, and t described above. I have determined that this travel is in connection with his or her ceholder, and will not create the appearance that he or she is using public office for
I have also determined that the attenda	ince of the employee's spouse or child is appropriate to assist in the representation
of the Senate. (signify "yes" by checking	box)
7/13/17	Helley Mone Capita.
(Date)	(Signature of Supervising Senator/Officer)
(Revised 10/19/15)	Form RE-1